
Oral Histories

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October 24, 2014 - Linda Lane Izquierdo (JMC 1969) and Ellen Frank (JMC 1969) speaking with archivist Kelsey Duinkerken at Thomas Jefferson University in Philadelphia, Pennsylvania

*Guide to abbreviations:*¹

KD: Kelsey Duinkerken
LI: Linda Lane Izquierdo
EF: Ellen Burdette Frank
{CG} cough
{LG} laughter
{BR} breath
{NS} noise
- partial words
-- restarts

KD: So, if you'd like to both tell me your name and a little bit about yourself?

LI: Well, I'm Linda Lane Izquierdo. Lane was the name I went to medical school under. Um, and, I was raised as what we would call an army brat. My dad was in the Army Medical Corps so we moved around a lot growing up, um, and then I went to undergraduate school at William and Mary. At my -- my dad, like I said, was a physician so he, um always kind of pushed me toward the medical field, although I kind of felt -- didn't feel real comfortable about it because in those days there were very few women that were physicians and I didn't feel like that was really my forte. I kind of liked the arts better. But anyway I ended up going to William and Mary undergraduate and, um, then I applied to medical school and, um, was accepted at Jefferson and ended up attending Jefferson. That's kind of my academic background.

KD: Alright, what have you done since then? Where did your career take you, just briefly.

LI: Well, I started out in, uh, internal medicine, uh, then I was pregnant with my first daughter and I was working at, um, a hospital in Houston that was, um, quite demanding. Um, we were at Ben Taub, which is like the emergency room there, and I was running around and people were saying, "Oh, you know, this is not good for you" [LG] "in your pregnant state." So I ended up stopping my, I actually quit after six months and then I took some time off, I had my daughter, and, uh, then I decided when I went back, I thought radiology, which had always kind of attracted me anyway, but, um, I had friends who were radiologists and I looked -- I watched them reading films and I thought "Oh my god, I can't do that!" you know, but I thought when I went back I decided radiology would be a better, would be a better field for me with the family, would have more predictable hours. So I ended up going back and, uh, training in radiology at, um, Temple and also Case Western Reserve, um, and then moved, um, from Cleveland -- I think I did a fellowship in nuclear medicine, which is kind of a branch of either radiology or internal medicine and, uh, then, um, my husband, who's know longer my husband, but, he got

¹ Transcription rules are based on the University of Pennsylvania's February 2011 Transcription Guidelines: http://www.ling.upenn.edu/~wlabov/L560/Transcription_guidelines_FAAV.pdf

transferred to -- or he found a job in California so we ended up translating to California, and, um, I eventually went and got back into radiology there after having, uh, another child.

KD: Alright, wonderful. Ellen?

EF: OK, I'm Kay Ellen Burdette Frank, and I did my undergraduate in Bethany College in West Virginia. And they had a plan where you could go -- if you get accepted to medical school you got med- hours credited back to your undergraduate degree from the medical school and I was accepted to a couple of medical schools and I decided to come here. And, you know, and then I'm a straight arrow. I went from medical school, then from here I went to Cleveland because that's where my husband got a job. And I started out at the Metro residency and then that was absorbed into the University residency so I gradu- graduated from that residency in ophthalmology. And I always wanted to be an ophthalmologist. And then I spent nineteen years on the staff at Case Western Reserve University and then from there went to Kaiser, which is in the same city, and stayed there eighteen years, and then I retired, and went to West Virginia.

KD: Alright. How long ago did you retire?

EF: Three years.

KD: Three years, wonderful. Um, so let's go back to kind of how you got into medicine. You mentioned a little bit briefly about your father, but would you like to expand upon how you got into medicine, kind of your, your path there?

LI: Um, well, my father always, um, he was a physician, and he always, um, was quite demanding of us academically, wanted us to achieve, it was very important in his family tradition. And, um, I think my brother was kind of a no brainer 'cause he was very good, and you know science was kind of his forte and it was, kind of, you know, you will definitely go into medicine because you're a man and you're good in science. For me it was, you know, I think my dad realized I would probably be able to do it because I was able to do fairly well in both science and the arts, but it was a little bit less natural, but you know he, um, was, you know, I don't want to say pushy {LG}, but he was, like, "You can, you know, you can do it and you, you should try to do it." So, um, it was probably his decision and my decision jointly, um, um, but you know I think it was difficult in those days, uh, I think it was, um, because women were not that accepted, so for someone like myself who kind of wasn't so sure about my qualifications to begin with, it was probably a little bit more difficult. Um, you know, but in retrospect obviously I'm happy that I made that decision, and uh it probably helped that my brother and I were, were classmates together so, you know I had the support of him being there also, so.

KD: How old were you when you decided to go into medicine? Was that in your undergraduate years?

LI: So I believe that -- yeah, you pretty much had to decide, you had to be, you had to be applying ahead of time, and I think I graduated -- I had just turned eighteen when I graduated college at William and Mary, so a little younger than some of the people that went into it, but you know pretty much the normal age for that, and uh I remember, I do remember that my brother, it's too bad you're not interviewing him! {LG} Uh, but he's a man, so, he actually had a kind of a,

um, a rebellious summer that summer and he ended up going out west on motorcycles with an old friend of his, and he wasn't going to come back. And I remember my dad having to get on the phone and saying "You're coming back, you're going to start medical school." So he, he also had a little rebellion about him and he was, you know, he was a guy, so, it was a little easier, so.

KD: And did you both go to Jefferson?

LI: Yeah.

KD: OK.

LI: Yeah, we were actually laboratory partners the -- that first year.

KD: Oh, very neat.

LI: In anatomy and stuff, so. It was interesting.

All: {LG}

LI: Um, and that's about -- I think your question was about getting in...

KD: Yeah, just how you got into medicine.

LI: Yeah, getting into medicine. So. And then I met Ellen, very early, I think the first day of class.

EF: Yeah. We were walking.

LI: Or was it before then?

EF: No, I think it's -- it was the first day of class, we were walking to class, and we stopped and starting talking to each other, and we were pretty inseparable from that point on.

LI: Yeah, and I remember thinking that Ellen, I said, "she looks like a really serious person, I don't know if we'd get along," and I walked up to her and said, well, I said, I said, well, "Hi, how are you?" and she said to me "I feel a little nauseated."

All: {LG}

LI: Or "I think I'm going to be sick." You know, and I thought, "Oh, OK, sounds like we'll get along well, it sounds like." {LG} Yeah, so, it was a good.

KD: Ellen?

EF: OK, well, I, I decided -- actually, I decided I wanted to go, wanted to go into some form, form of medicine in high school.

KD: OK.

EF: You know, because I was making very good grades, it was the sort of think I liked to do, you know, helping people, and then of course at that point, you know, I said, well I told my father, I

says, you know, "I think I'll be a nurse." And he says, "Well, why don't you go be a doctor?" And I says, "Well, you know, the expense!" And he says, you know, "I'll -- If you can get into medical school I will pay for it."

KD: That's wonderful.

EF: And he did. And so, you know, I went from high school to college, and like I said, I went through in three years, with going to, going -- taking summer classes, and I had a high enough grade average that I did well. Yale, Yale rejected me, but they {CG} -- but anyhow. So, you know, and then I was here, coming here and I had cousins who lived outside of Philadelphia, but I had my family was back in West Virginia. And of course I was feeling a little nauseated. {LG}

All: {LF}

EF: Anyhow, it was a big challenge. And you know, the transition from high school to college and then from college to medical school, each one of those is more challenging, but, you know, I did OK. And then from there, like I said, I graduated, and I, I actually was married the last year of medical school. My husband was living with me. So then we went from here back to Cleveland because that's where he had a job, and I found a residency there -- I found an internship there. And then after the internship I had a residency, and then, after, like I said, after the first year they were taken over by the University, so I ended up being a University resident. Now, it's very interesting that that happened because University would not take women applicants. They -- I got in by the backdoor.

KD: OK.

EF: And then, like I said, once, and then I was done, I spent nineteen years at University and then went over to Kaiser.

KD: And how did both of you choose Jefferson?

EF: Uh, not for very good reasons. It was in a big city, it was far away from home. {LG}

KD: Sure.

EF: It was -- I knew it had been an established medical school. What I didn't know is it was the last medical school in the country to accept women.

LI: To accept women.

KD: To allow women.

EF: And that there would be, there would be issues because of that. However, I had already dealt with issues because of being female in a male world before that.

KD: Mm hm.

EF: And my father, he says, you know, "You're going to get some grief," he said, so he did -- he showed me some things, taught me some language, so I had some idea of how to deal with that.

LI: Um, and in my case I was accepted to a couple other schools in Philadelphia and to, uh, M C V, which was in Virginia, which is where I was going to undergraduate, which was a new school. They had just opened up. Um, I went to interview at U V A, which is a better known medical school. Um, I was not accepted there although my grade point average was higher than my brother's and he was accepted.

EF: Yes, as everything else show-.

LI: I do remember them asking -- I do remember, uh, a guy there, one of the interviewers saying, "Why should we accept you? You're just going to get married and have kids."

EF: Yeah.

LI: So I think they had, U V A I think had, I don't know if they had even accepted any women yet at that point.

KD: OK.

LI: So it was pretty obvious that they thought that, you know, they had kind of prejudices against accepting women too. So, um, I think both my brother and I were both accepted to a couple of places, I think Hahnemann and, I probably applied to Women's, I'm sure he probably didn't, and, um, and Jefferson and Philadelphia, and then, you know, we just kind of came to a consensus that, you know, Philadelphia would be, would be good. And you know, I don't know why, 'cause I guess he could have chosen to go to U V A, but I think we had kind of decided -- my parents were in Philadelphia at that point, and I think we both decided Jeff was a good school and, you know, would be a good match for us, so we ended up -- we seemed to do things together, didn't we? {LG}

EF: Yes, you did, you did!

LI: We went to undergraduate together, we went to medical school together, so, yeah.

KD: Alright. So do you want to tell me a little bit about your time as students? I know that's a big topic. Uh, we covered how you met, but maybe, kind of, your time in Philadelphia, what you remember, uh, certain memories of different classes or classmates, professors? Any anecdotes, stories?

LI: I think Ellen remembers more things. {LG}

EF: More things than she does.

KD: You can help each other remember things!

LI: {LG} I think she remembers more of the problems than I do. I kind, kind of have blocked them out, I think, but, um, I was telling Ellen I do remember that, um, when they would do the slide shows, because there would be, you know slideshows.

EF: Yes.

LI: In the big auditoriums, that there -- they would show slides of nude females and, and you know, we just kind of accepted it, you know we didn't say anything.

EF: Ok, if you want to be.

LI: Just kind of like, OK, whatever, you know, OK, let's get on to the next slide. {LG}

EF: Just ignore it.

LI: They used to do that to keep the guys awake, I guess, you know, "Ooh, wow, look at that!" Um, and I remember, um, this would've probably be later, maybe in our clinical rotations and things, like in surgery, I'm trying to remember the name of the surgeon that -- there were a couple of the older surgeons that.

EF: Murva? Something like that.

LI: Yeah, and then who was the other guy?

EF: Oh, you mean, you mean Jerry what's his face?

LI: Jerry, yeah. {LG} We remember the first name! He wasn't so bad, but there were, you know, the older guys.

EF: Yeah, but he almost.

LI: Mervin, Mervin.

LI: Had me in tears one time. Mervin was OK, it was the other one.

LI: Yeah, yeah, but they were very -- they would make comments about, "OK, you know, the women," and you know, just, just comments that you would just have to swallow and listen to. And OK, whatever, you know. You just had to -- I mean it was just -- I think we just accepted it because we, we, you know, expected it, it was part of it. And we knew all of the women were, you know, the few of us that were there, we were all experiencing the same thing. And, and certainly we had a lot of friends who were males, who were certainly sympathetic to us, and we knew they liked them and we knew that, that they thought we were, you know, had a right to be there. So that, I think, made it easier even though some of the old established people wouldn't -- maybe not quite as ready to accept us.

KD: Mm hm.

LI: So.

EF: Yeah, because the attitude was, you know, "Why do we bother to train you because you're just going to get married and have kids and we'll never hear from you again." And I know that one of my recommendations from college said, you know, "I don't believe in women in medicine, but if you're going to take one..."

All: {LG}

EF: And then proceeded to write me a very nice recommendation.

LI: Really? Ooh.

KD: Alright. Interesting.

EF: Yeah, my chemistry professor.

LI: Hm.

EF: And, uh, so we, we felt like, you know, we had to do well because we were, we were there, sort of there under special circumstances and we were not going to prove them right.

KD: Yes.

EF: So we were going to make it, we were going to prove ourselves. And, and you know, you could tell that, you know, and like I said, I didn't know there had been no women there until a year or so before. And, they, actually, anatomy wasn't too bad. We had a bathroom there, but when we got into the main college, you know we had to use the secretary's bathroom. They didn't like that 'cause that was their space, but we used it anyhow.

LI: I had forgotten that. {LG}

EF: And when you got into the clinical rotations, that where we hit some -- they had no sleeping space for us. So.

KD: But they did for the men?

EF: They did for the men.

KD: Oh, OK.

EF: But not for the women. So I remember when, when I was telling Linda that we one time at P G H, you know, we had a choice of walking clear across the campus to go to the nurses' residence where we'd have to sign ourself in and sign ourself out, which seemed to be a total pain, or we, we used one of the, uh, co-contaminated patient rooms and we slept there. When we were on O B G Y N rotation they stuck us in the contaminated labor room, or something like.

LI: Well, I remember sharing a room with, uh, with some guys.

EF: Well just wait a second!

All: {LG}

LI: OK, well I don't know what rotation that was.

EF: Let me finish my story 'cause.

All: {LG}

LI: See, because I don't remember that other stuff.

EF: That's how they started this, they said, "Well we have no space for you to sleep, this is where you'll sleep." OK, we did that one night. It was ice cold in there. We were freezing to death.

LI: Probably I never had to do that, you probably had to do it.

EF: So at that point we said, "OK, we're all sleeping in scrubs? We're sleeping in the, in the call room." And of course they got a little upset with us, but we did it anyhow {LG}.

LI: That was. And, and you know, I remember some other conver- -- things that were said to me, later on in residency, that I look back on now and I'm thinking, "Oh my god, sexual harassment!"

EF: Yeah, mm hm, mm hm.

LI: I mean, they were, like, just really not acceptable. But at the time, I remember, I just remember, just accepting it. You know, thinking, oh you know that's just the way it is.

EF: Yeah, I can remember during residency, well, this is, this is out of the time period, but during residency one of the first people I did a rotation with in C C U says, "You are the first woman I've ever been with that really worked." And I thought.

LI: {LG} What a compliment!

EF: What, what rock, what rock did you climb out from of?

LI: {LG} That's actually a big compliment though.

KD: That's crazy. Yeah, that you're a hard worker.

EF: Yeah, but, you know, the thing is, that people have expectations -- they have preset expectations before they even meet you, as soon as they see that you're a woman. And then you have to work against that while you're working.

LI: Oh yeah, now I'm remembering the patients too, some of the patients were. {LG}

EF: Oh yeah, some of the patients were "Nurse, nurse, nurse!"

KD: Oh really?

LI: Oh my god, some of the patients, um, I mean.

KD: OK.

EF: Oh yes.

LI: Like, you know, "Who are you and what are you doing here?" and "You're not a doctor, you look too young, you're the wrong sex."

EF: Yeah, mm hm.

LI: Well, they wouldn't say that, but that was, you know, implied, and, um, I remember I was going to do a rectal exam on, on a male patient, and he was like.

EF: You're not.

LI: He went crazy!

EF: Yeah, we both had that same experience.

LI: He was like, "Are you kidding me?" {LG}

EF: "Oh, you know, you're not doing that to me."

LI: So yeah, I had forgotten that some of the patients, too, were pretty surprise -- surprised. I think you ran into that constantly actually.

KD: Mm hm.

LI: It was either you're too young. Later, I think when women became, became a little bit more accepted, that there were actually women in medicine, it would -- it might be your age. So, it was, it would either be your sex, your age, or "Oh really? You're the doctor? Really?" You know, so it was not only from the, you know, your, uh, your coworkers, but it was also from the patients, too. You would get a lot of pushback from them, too.

EF: Mm, I remember a little boy saying "You can't be a doctor. A doctor is a man!" No.

All: {LG}

KD: Good learning experience for him.

EF: {LG}

LI: Yeah, so it was -- I'm trying to think what other experiences we had.

KD: Do either of you remember having any strong allies, who kind of went against this grain of harassment and, kind of, stereotyping you as women and therefore not being as good of doctors or as powerful?

LI: Yeah, I don't think we were getting this from our, from our, from our.

EF: No, not from our peers.

KD: No, not from the peers?

LI: Not the peers. It was more from the academicians, you know.

KD: Ok, the professors, doctors?

LI: You know, "the landed gentry," so to speak.

All: {LG}

LI: That were, you know, giving us pushback. I, I don't think there were, there might have been a few in our class that were kind of a little male chauvinistic, now that I think back about it, but.

EF: But they kept their mouths shut about it pretty well.

LI: They kept their mouths shut because, yeah. But I think for the most part the guys that were in our classes accepted us as being there, and probably, you know, admired us for, you know, having the chutz to do it. I don't know, I just -- my dad was a real impetus for me. {LG} I wasn't as brave as Ellen, I think I was kind of like, "OK, you're going to do this." "Ok, sir, yes sir," you know. But, and my dad had a real struggle getting into medical school, too, 'cause he was, um, they were an immigrant family, they didn't have a lot of money, and he ran into a quota because he was Jewish and they had quotas for medical school and they had quotas for the army, and they had a lot of quotas if you were Jewish. And so he had dealt with a lot of prejudice and a lot of struggle in trying, in trying to get into medical school. So he was kind of like, you know, the family was kind of like that, they were used to having to fight, so, he kind of -- even though we kids had it pretty easy, he was, you know, able to tell us, "OK, you got to go in there and, you know, be a little pushy and, and work a little harder."

KD: Mm hm.

LI: So it sounds like Ellen's dad was kind of coming from the same,

KD: Yeah.

LI: From the same space.

EF: Yeah, he had to work for everything he had.

LI: So I think that, you know, maybe accounts for some of our, our being a little tougher, or something.

EF: Yeah, 'cause it was, it was tougher in that time because you, you not only had the older people saying, you had more female peers, who were like, you know, "Why do you want to do this? You know, that's going to be really hard." "No kidding! I know that." But, you know, th-, th-- so many women, you know, didn't see beyond the fact that of getting married and having children. And to have somebody who was going against the grain, which we were going against the grain, was kind of challenging what they were doing. And I had people who were much more interested in whether I was getting married than whether I was going to do medical school.

LI: And I think having had children, I have three, um, I think it was very hard, extremely difficult. And I still think to this day it's very hard for women because I think you have to -- you're always

going to be torn between being a mother who's able to be there all of the time for your kids and, and working.

KD: And having a career.

LI: Yeah, and having a career. And I actually took, uh, an unusual path. I think most of the women that went into medicine, if they had children, they might have taken like three months off, and they were back to working full-time. I actually worked part-time most of the time when my kids were young and I didn't start going back into full time until I was -- when was -- let's see, let's see -- I'm trying to think, eighty-eight? So I was already forty, in my forties

KD: OK.

LI: When I decided, "OK, I'll go back into full-time." Work in the field that I was in, radiology, had seen a *lot* of changes, so, the information that was available when I finished training and the information that was out there when I had to go back in full-time was vastly different. So I, I kind of had to scramble and do a lot of, you know, educating myself and, um, you know, get myself accepted back into the workplace again, which, you know, was quite difficult 'cause I had been kind of out of it and on the periphery for a long time. So, um, uh, you know I find -- I found that part of it, for me, for someone who has children, I think that's extremely difficult, because I'll always feel kind of guilty that I didn't spend more time with my kids even though I probably spent more time with my kids than a lot of other people did. Um, I think it -- that, that part's hard. I know we went to one of our reunions, I think it was the last one we went to, and some of the -- uh and there were some women who were very prominent in the field, like the very well-known radiologist who is, was, the Chief of Radiology at, at Jeff at that time, and she got up and spoke and talked about how it's easier now, because, you know, we're more accepted, and, you know, we have people looking and caring after our children, and I was just shaking my head thinking "I don't think that's easy! I don't think it's easy to leave your kids in the care of somebody else. I think that part is really hard." And, and to me that will always be, that will always be hard. So, um, you're always kind of torn between, you know, wanting to do your profession and wanting to -- But I guess it is easier than, than when we were...

KD: Yeah, it may not be easy, but perhaps easier.

LI: Yeah, but it's easier because it's just more, you know, more accepted, there were just more women doing it, and there are more women in the workplace now.

KD: That's true too.

LI: Than there were in that time. But, that part of it has been very hard for me.

KD: Did you find a lot of pushback both when you first made that decision to go part-time and when you decided to go back in full-time? Like, having taken that space?

LI: It was very hard for me because what had happened was, my husband, no longer my, my ex-husband.

KD: Yes.

LI: Had come out to California. He had decided to come out there. I didn't know anybody out here. I think there was some resident that had been at Jeff that was in LA, which was not where we were. So I remember going to the Santa Clara Radiology Society meeting back in the seventies trying to meet somebody so I could get a part-time job. I was the only woman there.

All: {LG}

LI: So I found the west coast was even worse than the east coast! Because on the east coast at least there used to be females at the meetings! In my residency program there was one woman, the year before me, the rest were all men. Um, and like I said, when I went to this meeting in, in Santa Clara there was no other woman there. That was -- and the men all looked at me like I was some kind of lizard or something, like a, a foreign species. What -- you know, when I tried to talk to people, I could tell they were like, "Oh my god, you know, we don't even want to associate with her." So it was, you know, it was hard. I finally -- I think it was actually my husband had through the place that he worked, he talked to one of the radiologists there and they said "OK, we'll give your wife a part-time job working in our office." So little by little, you know, I got to know a few people there, and, um.

KD: What type of work were you doing in that first job?

LI: Uh, it was like what you would call locum tenens, so I would work for, um, this group in the mornings, I would go in and do, you know, their, um, um, studies in the morning, and, and that was a real challenge too because I was coming out of an academic into a private practice which was a totally, totally different situation where you're moving patients through. You're not sitting around looking at films and discussing "Oh, could this be this or could this be that?" No, no, this, this number of patients has to be done, and you had to be finished, and you have to make a decision, and you have to move on to the next patient, so that was also a big, that was also a big transition, which I'm sure everyone that goes from academia into private practice goes through that. Um, but, you know, I had to, um, it was difficult getting my foot in the door. So, you know, little by little by working these part time jobs, meeting people when somebody would say "Oh, OK, I know Linda, she can do a good job." And, and um, eventually I started working part-time a little bit at, at Kaiser and, um, eventually as the kids got older worked into a full-time job because, you know, I had kind of proven myself at that point. But it was not easy. Yeah.

EF: Yes, you know 'cause, when you talk about the residency, you know I was like -- at the first place I wanted to go, which was University wouldn't accept women and the only reason, 'cause you know I, I said, I ended up working with these people later as fellow residents. I know that I was not disqualified for that residency program. But anyhow, so I went to Metro and then they absorbed that program and so I ended up being a University resident and then I did well enough they says, "Eh, well, why don't you come join us on the staff?" "OK, I could do that." And, you know, in, in academia, she's right, it's a different, it's a different environment because you worry, you don't worry as much about making lots of money as much as you know you have to get all of these patients taken care of, you know, all of these teach-, all of these teaching assignments, and trying to publish, which is the total pain, I'll tell ya.

LI: {LG}

EF: And then I stayed there for nineteen years, and then they changed chairman's and the new chairman had a big emphasis on research, which I knew at that point was not my thing, so then I went over to Kaiser where my clinical skills, which were, which are pretty good, were appreciated, and then I worked there. But you know, like, I was the only woman in the re-, in the whole entire residency. Now, when they changed chairman's again, he would accept women and so I ended up being the role model for the, the residents that were coming in. But I, you know, I'm more of a straight arrow, I didn't have any children.

KD: Yeah.

EF: I didn't stop, I just kept going. And I, I, like I, I tried, I actually retired and then I was down in West Virginia, and there are not a lot of doctors down in West Virginia, so I thought, you know, I would like -- well, by that time I didn't like retirement.

KD: OK.

LI: {LG}

EF: And I said -- so I approached the local group, I says "Could I work for you some?" And they said, you know, "We'll let you work." But it's the same thing, you know, I'm there all.

KD: And you were working as an ophthalmologist all this time, yes?

EF: Yes, as an ophthalmologist. I'm a retinal specialist. And I'm working two days a week. I'm the only woman in the group. And I grant you, I have a lot of patients who when I first walk into the room.

KD: Really?

LI: Really? Still?

EF: Drop their jaws in surprise. Oh yeah, because in, because.

KD: That's surprising.

LI: Oh because you're in West Virginia.

EF: I'm in West Virginia. And it, you know, you go to retinal specialty meetings. There -- now there are women, 'cause you have, you know, 'cause the whole climate has changed, but when I first started there was no problem going to the bathroom, I usually had it to myself.

LI: Hm.

EF: But it's a much different environment now.

KD: Yeah. So let's, if you don't mind, jump back to Jefferson for just a little bit longer. Um, were either of you involved in any, uh, medical societies, extracurricular activities, anything like that?

LI: Uh, I don't think so.

EF: We just studied.

KD: Just studied.

All: {LG}

LI: Um, I mean, well, we did other things, but um. Well, they didn't have sororities then, they had fraternities.

KD: They had fraternities. They did.

LI: They had fraternities. Um, I remember we went a couple of times to the fraternities. Um, my brother belonged to one of the fraternities, actually. Um, but, you know, I don't know. And then, you know, we went to opera, and we, we did things like that, but I don't think that - that we were involved in a lot of the other things. I remember there were women that were. There were, I think Judy Cooper was.

EF: Mm hm.

LI: Involved, politically involved.

EF: Yeah and she had.

LI: And she was --

EF: She had family in town.

LI: Oh, well, I didn't know about that.

EF: She, you know, was..

LI: But, um, I think most of us just kind of like felt like we had enough to do {LG}, with just trying to, trying to get through school. Yeah, I don't think anybody was trying to make waves or anything like that.

KD: Mm hm. Do you think that was true especially for women? Or both men and women in the program?

LI: I think the men felt a little bit more comfortable maybe doing other things.

EF: Yeah, and.

LI: Although I think --

EF: And the guys in the fraternities, they had old tests and stuff they could look at, which we didn't have because we were taking every test cold, we have no history or anything else.

KD: Mm hm.

LI: Oh, I didn't know that.

EF: Yup, yeah, they, they kept files of old, old tests, so they, they could kind of.

LI: They had help.

EF: Yeah, they had help we didn't have. But not everybody was in a fraternity. That was only for the guys who were in fraternities.

LI: I remember the guys playing a lot of bridge. {LG} There was the whole, this whole group that loved playing bridge. The minute they had second "Oh, well let's go play bridge" and I was like "What? What are you going to do?"

EF: Where do you find time to do that? {LG}

LI: I guess they found time, I don't know. But, um, yeah, I think um, well, Ellen and I used to do a lot of stuff together, go to movies and, and stuff like that.

EF: Japanese restaurants.

LI: Japanese restaurants. Um, my folks lived in Philadelphia.

EF: And we'd go visit them.

LI: So we would go see my folks. They lived in Germantown. Um, 'cause Pat was already in Italy, at that point.

EF: Yup, Pat was in town. At least, part of the time.

LI: Well, my sister, actually, I roomed with my sister the first year and she's a librarian, she was in Philadelphia. And she got very upset because she would come home from work and she'd want to go out, and.

KD: And have fun, yeah.

LI: And party, and I would say, "No, I have to study!"

All: {LG}

LI: And she would say "What?" You know, that's, that's no fun.

KD: Yeah.

LI: Um, and then I think Ellen and I roomed together, was it two years?

EF: Yeah, I think it was, yeah, two years. And then I got married.

LI: Sophomore and then the, and then the next year again, our sophomore and junior year we roomed together. Oh, wait a minute, when did I room with Julie? That was the last year, I guess. Yeah, yeah, so Ellen and I got along pretty well. We were both equally sloppy.

EF: No, I was worse than she was.

LI: Oh, I think she might have been worse, but I'm pretty, you know, we'd like go "Oh, ok, I don't care what the apartment looks like," you know.

KD: As long as you're both on the same page.

LI: "As long as we get to sit in it" But she was always much better, um, much more natural in science than I was so, and, you know, a really good, good at, I think you were, easier for you to study than I would be, like.

EF: Yeah, but you had much better social skills, so.

LI: Well, that doesn't help.

EF: It evens out. {LG}

LI: That does not help you in medical school! I'm sorry. {LG}

EF: {CG}

LI: So, I remember.

EF: But it does with patients.

LI: I remember when we would go to get our, the exam results, Ellen would say "Let's go see what our results are!" and I was like "Nah, I don't wanna, ahhh, it's OK, I don't need to see." And she would always be, you know, A, and I'd be like OK I can get a B or a C out of that, you know, I'm happy. So, um, yeah, she was, I think, it came a lot easier to her. And I remember I had a, um, tough time the first year, I was actually, um, what would you call it? Kind of a nervous breakdown {LG}. Or, you know, a period I went through where I lost a lot weight

KD: OK.

LI: Because I was really worried about grades and everything like that. And, um, and um, you know, just feeling in my stomach was churning, and um.

EF: Yeah, but they played with us. Because with the -- when we first started, they says "Look around at you because twenty percent of you are going to be done, gone."

EF: And of course, we were like, "Yrr, because if I flunk out, I don't know what I'm going to do with myself, so I've got to make it."

LI: Yeah.

EF: And then they would -- the other thing they would do is you'd take a test and you would do OK on that and you'd think "OK, I got a little cushion here." And they'd say, OK we're not gonna count that test. The next one counts for everything.

LI: {LG}

EF: So they went out of their way to make us upset. And it wasn't just us, it was the whole class.

KD: Everybody, mm hm.

LI: Yeah, and I remember a guy looking at my nails, which I don't think were that long, and we were, and he {LG}, he was in a class, I think it was a class prepping us for our O B G Y N rotation, and he came by and he looked at, and he said "You're going to have to get rid of those immediately." {LG} I don't think they were even that long, but he noticed that they were maybe not as short as he wanted them, and he made it.

KD: Was that a professor?

LI: Yeah. You know "Oh, you're going to have to get rid of those immediately, young lady." "OK!" You know. Interesting thing he noticed. I don't think that they were any longer than the guys' nails, but {LG}, um, I'm trying to think what else. I don't know.

KD: So did the women in the, in your class, sort of band together, do you feel like there was any group dynamic?

LI: Yeah, I think we were all pretty sympathetic.

EF: Yeah, yeah, we would have been more cohesive had we not lived all over the city. 'Cause we all lived at different places.

KD: Yeah.

LI: Yeah, I'm trying to think if there was anybody else in our class that lived where we did.

EF: {CG} Well, well Sarah and Betsy.

LI: Yeah, but, Betsy, that's true, yeah, she ended up being our class.

EF: 'Cause she. And then then there's, you know. She, had an illness. And they, they, they let her drop out for a while, to get that taken care of, and it turned out to be not as serious as they thought it was going to be so she came back the next year and went through in our class. But uh, you know, in, in, in, in this day if something like that happened, they would have said, "OK, we'll give you some medical leave and come back."

KD: Sure.

EF: "And you can try to catch up and we'll do what we can." You know, and then it was like, Well you have to drop out, I'm sorry."

KD: OK. How would you characterize, kind of, the environment in medical school, generally and at Jefferson, from your perspective?

LI: Well, Jefferson is the only thing I have to compare it with!

EF: Yeah, well, I don't really know about...

KD: You know, other people, other women who went to different medical schools, maybe, things you've heard.

EF: Not really. I haven't really talked to anybody who went someplace else.

LI: Yeah, from our age. I mean, we're so old now, there aren't very many! {LG}

EF: Yeah, there weren't that many around. And the, uh, when I when I -- what was it, when I applied, another place, they said, you know, well we've got a quota on women.

LI: Mm hm.

KD: Where was that? Do you remember?

EF: Well, it was, well I know U of P had a quota on women, but I was actually recalling that I had a lady that I, you know, because before I went to medical school I went around and interviewed the, the local women doctors trying to see, you know.

KD: Oh interesting.

EF: Give me a heads up on what, what to expect and what, what obstacles I'm going to hit. And one of them was, a lady who was the head of the mental health in, in West Virginia, and she said when she went to -- she wanted to go to the University of Pennsylvania, and I, well, she might have finally gotten in, but what sh- they told her initially was, well we've got quotas for blacks, we've got quotas for women, you know you're you're going to, you, you will take up two slots if we admit you.

KD: OK.

LI: Mm hm. Oh, she was a black woman?

EF: Yeah.

LI: Yeah.

EF: Which is even worse

LI: That must have been rough.

EF: Than what we had to go through.

LI: Right, exactly. Well, I think about the women who were like in the eighteen hundreds that did it and what it must have been like for them. {LG}

KD: Oh yeah.

EF: Well, you know, th- they're the, then so, who was it though, they insisted that they -- she wear a suit and tie to class.

KD: Oh, really?

EF: Yes. I don't remember who, but which one it was, but you know that's.

LI: Yeah, and what -- I mean what a turnaround now, with so many of the classes being mostly women.

KD: Yeah, I think it's about fifty percent.

LI: Yeah, it's fifty.

KD: At this point.

LI: Yeah, some places it's actually more than fifty.

KD: Or slightly higher.

EF: Yeah.

LI: Uh, and apparently in Russia they've always had a lot of women.

EF: Yeah, they've always had large -- a lot of women.

LI: A lot of women physicians because -- but it doesn't have the prestige. Medicine does not have the prestige that it has in Russia that it had, that it has here, apparently. But yeah, they've always had a large number of women physicians there.

EF: {CG}

KD: Would you like some water?

EF: No, I'll just cough.

LI: {LG}

KD: Um, so when you were starting in medicine were there female doctors who you worked with or knew while you were in medical school and residency and onward?

LI: I didn't know any female doctors.

KD: OK.

LI: None. Um, my mom is a nurse. Uh, was a nurse, she passed away. Um, I'm trying to think.

EF: Mhmh.

LI: I don't think my dad knew any female doctors. {LG}

KD: I mean, you talked to a few in West Virginia.

EF: Yeah.

LI: You, you did.

EF: But that's because I sought, but that's because I sought them out.

KD: Exactly

EF: I didn't know any of them beforehand.

KD: Other than that, yeah.

LI: Yeah, no I, you know, I don't think my dad, I mean, maybe he had, never said to me, oh, you know, "I know of this woman physician who did great, you know." I guess he had just heard, "Hey, they are women in medical school now, guess what!" I thought "Ooh." "Well, yeah I think maybe my daughter should do that then." But no, I had never met or spoken to any, to any female physicians. There was a lady who, uh, well, uh, a lady who was in the class before me that ended up going to Yau- to Yale. She was at William and Mary, and I remember how studious she was, and I remember thinking, "Oh boy, she's really... I couldn't do that." She was in her room studying *all* the time.

KD: Yeah.

LI: And I think that's the only person I ever even knew of that was, um, you know, female that went to medical school at that point, so.

EF: Mm. Yeah, 'cause I had friends in college you know -- other people when we started college talked about, "Yeah, I'm going to do this too." I was the only one.

KD: After four years, they never went forward?

EF: Yeah, they ended up going into other fields or ended up getting married or whatever, but they.

LI: Yeah, people would say, you're going to medical school? You're crazy!

EF: Yes, that was the general reaction.

KD: Was that largely because you were women, do you think?

EF: Yes, yes.

LI: Yes. It was kind of like just, you know, it just wasn't done

EF: Yeah, there were some people.

LI: Like I said nobody else from, from my year at William and Mary went into medicine, that was a female. I know there was probably, there was my brother, and there were men, but.

EF: And actually, in ophthalmology, there was the perception of, well, first of all, there was a perception women cannot operate.

KD: Yes, I have heard that.

LI: Mm hm.

EF: You know?

LI: Yeah, there were very few in surgery, yeah.

EF: Yeah, and then, then, you know, and then, you know, let me sew that, and I'm thinking "Wait a minute, I have been sewing since I'm five years old, and you're gonna show me how to sew this? I don't think so!"

All: {LG}

LI: Women are very good with their hands, generally.

EF: And, you know, and usually in ophthalmology of course, you know, you need sort of a delicate touch and it was almost a sure thing that if you got a woman you'd be OK. I only ever had one woman who was a little rough.

KD: OK.

EF: But everybody else was fine. I've seen more than one man who was more than a little rough. {LG}

KD: Yeah.

EF: But.

KD: So you both mentioned that your fathers were very supportive of you going into medical school, how did the rest of your family and your peers respond?

EF: You go first.

LI: Um, my mother was always, I mean, she always, my mother was great. She thought, you know, the sun rose on her children. She would always tell us "Oh how bright you are" and she was a little easier on us than my dad in terms of being critical if we didn't. She'd say, "Oh, no, they're great, you know don't, you know, don't be so hard on them because, you know, this or that. Um, but she was always very, you know, "Oh, you can do it." Was always kind of like, very supportive of, you know, what you'd be able to achieve. And, you know, I think my brother, I think my brother respect- had respect for me, you know, and I think he realized he was a little, probably science was a little easier for him, but you know I think he had a respect for my intellect and, and I think he was, you know, perfectly happy that I was, you know, going to school with him and. And um, my sister probably just didn't care. My dad wanted *her* to become a nurse. He want- he wanted everybody.

KD: Oh interesting, OK.

LI: To go into healthcare. And my sister, I can tell you, is not.

ALL: {LG}

LI: Science is not her forte. She has a.

EF: {CG}

LI: PhD in Italian.

KD: OK.

LI: And she's very bright, but she's, science -- but he wanted her actually to go into nursing. So, so my sister is probably like, you know, "Great, you guys do it and, you know, I don't have to be involved." But um, and then I mean in terms of my friends, I'm sure some of them probably thought I was nuts, but you know, I mean, I don't think anybody was, was, was real negative about it. Everybody was pretty positive.

EF: Uh, like that, you know, my, my, and like I said my father was very supportive. My mother was very supportive too, you know she had, when she, she went to college, and she wanted to become an engineer be- and she was very good spatially, she have been an engineer. But her father said "No, you can be a teacher or a nurse." So she ended up being a teacher and she remembered that very well, so she wasn't about to hold me back. She was very supportive.

LI: Well my mother's father didn't even want her to go to nursing school.

EF: Ooh, goody.

KD: Oh really?

LI: He wanted her to stay home on the farm and get married, so.

EF: Mm.

All: {LG}

LI: At least he said you could go to nursing school!

All: {LG}

LI: Yeah, so it was tough.

EF: And, you know, and and most of the, the negative feedback was not from my peers, it was from the generation of about the age of my mother.

KD: OK. How about your grandparents? Were they still alive? Did they have any opinion?

LI: Um.

EF: They weren't.

LI: I think my grandmother might have been alive. I'm sure she would have loved it because they were from a very academically oriented society, but um, um my other grandparents I think had already passed away.

KD: Yeah.

LI: And they were kind of like farmer types, so, that's my mother.

KD: Hardworking, yeah?

LI: That's my mother's side. They probably would have gone, "What??" {LG} "What are you doing?" I don't know, they, that probably would have been surprising to them, if they had still been around.

EF: Yeah, and in my family, we, we have long generations. By the time I was doing that, you know, either my grandparents had passed away or they were no longer really ac-, you know, I had only one grandparent at that point and he had no objections, so.

KD: Sure.

LI: Yeah, I'm trying to think if my grandmom was even, I'm trying to think when she passed away. I think it was after we got through medical school, but we had a language barrier. She spoke Yiddish, so.

KD: OK.

All: {LG}

LI: There was not a lot of communication there. Except through, you know, my father as an interpreter, so.

KD: Mm hm.

LI: Yeah, I'm trying to think if any of my friends said directly "Oh, you're actually nuts." I'm trying to think. I think most of them admired me, yeah, I think most of my, most of my friends. I mean, I think you pick your friends for certain reasons.

KD: Sure.

LI: And you know, probably if you're a person who's, you know, academically inclined you're not going to be hanging out with somebody who's "Oh, ugh, academics! I mean, yeah, why would you want to achieve something for the?" You're probably, you're probably not going to be buddies with someone like that, so, yeah. I think most of my friends were pretty understanding and supportive. What else can we tell you?

KD: Well, I'd open it up to both of you as well, if there's anything you'd like to talk about? Feel free to take your time thinking about things too.

LI: I don't think I can repeat some of the things that were said to me because I don't even want to {LG}.

KD: Don't want to go back down there?

All: {LG}

LI: I don't want to go back that, down that, down that line, but, um, um, you know, it's just amazing to me that I have to actually look back on those things and think in retrospect they were inappropriate, because at the time.

EF: Yeah.

KD: They didn't feel that way?

LI: At the time it was just so much the expected.

KD: Mm hm.

EF: Yeah, we were.

LI: That it seemed, it seemed, it seemed right.

KD: It seemed right? OK.

LI: It seemed natural. I look back on it in retrospect and think, they did what? And I did what? And I didn't say anything about it? But, you know, I think you just kind of, you know, adjust to, to the situation.

KD: Mm hm.

LI: If you don't adjust to the situation then.

EF: Mm.

LI: Obviously you're not going to last, you're not going to last there, you'll be like shocked out of existence and on your way out the door!

KD: Yeah.

EF: Yeah, the term of political correctness had never been je-, even invented yet.

KD: Sure.

EF: And the people that did, what we would consider now to be inappropriate, felt like they were perfectly within their rights to do so.

KD: Mm hm.

EF: And like I said, we had the feeling, you know, we are pioneers, this is, this is new territory. My job is to survive.

KD: Yeah.

EF: And we did {LG}.

LI: More or less {LG}.

KD: Do you know of anybody who stood up to those types of people?

EF: Judy, Judy what's her name?

KD: Or do you either of you have any stories?

LI: I don't think Judy Cooper got a lot of flak because, well, I don't know, I shouldn't say. But I think she was kind of like more, I don't know. She was more like the type that you would expect to go -- well you were too!

EF: I never made any waves. But she was more, or maybe I have the wrong name, the, the one that came from Oberlin. No, that's not Judy Cooper.

LI: Judith Cooper. The other Cooper.

EF: The other Cooper. Yeah, that one.

LI: OK.

EF: Anyhow, there was one lady that came from Oberlin, which is, as you know, is pretty liberal.

KD: Yes.

EF: And she was the one that was the most verbal about, you know, "These things are inappropriate."

LI: Oh yeah, yeah. But I don't know if anybody, if anybody listened to her.

EF: But I don't think she ever confronted a professor about it, she just made, as far as I know, just made comments to the rest of use and we all agreed with her! They were being inappropriate!

KD: And did all of you identify as feminists at that time?

LI: No.

EF: No.

KD: OK.

LI: No, I mean, I look back at it now, and I mean, that was a pretty, you know, active time, the sixties, there was like, the Civil Rights movement.

EF: Mm hm.

LI: And I feel bad that I wasn't more involved in the, you know, anti-Vietnam War.

EF: {CG}

LI: And well first I was raised as, as an Army brat so, you know, I was raised to think that the Army way was right, so that was kind of tough for me, I probably -- that wouldn't have been a natural fit for me to go against whatever the Army was doing. And then in the, in the Civil Rights movement, you know, we had been, we had been integrated in the Army, so I had had friends that were, you know, of color, but um, the idea of going down, and, you know, participating in that was, you know, I was like, you know, "No, I've got to finish school."

EF: Yeah.

LI: That's, you know, that's my job. So, and I, and I know Judith Cooper was, or the other Cooper.

EF: Mm hm.

LI: Was more involved in, like protesting and like.

EF: Donna Cooper, Donna.

LI: Donna Cooper, yeah.

EF: OK.

LI: No, no Donna is the one you're thinking of from Oberlin.

EF: Yeah, Donna is, OK, yeah.

LI: Judith is, Judith is the one who was more politically, so I mean in retrospect I kind of feel guilty that I wasn't more politically involved in these good causes, but, um, at the time I just seemed, it just didn't seem like there was the time to do that.

KD: Yeah.

EF: Yeah, and well.

LI: It just seemed like "I have to finish this task" and, you know, I just, I just wasn't a very political person at that, at that point in time.

EF: Well, I already had, I had already been burned by that because in college there was one professor that was being let go, for probably a not very good reason, which is, as we understood it, was that they didn't like the way that his wife was behaving.

KD: OK.

EF: And we had a little protest and everything. Thank god they didn't throw any of, any of us out, but my involvement with that, my grades dropped for a semester. Of course my parents were very upset with me.

KD: Mm hm.

EF: But you know, the next, next semester I got everything, everything straightened out, and went on, but. So I, I knew that I've got to concentrate on one thing. Get through school. Do well in school.

KD: Mm hm.

LI: Yeah, and that was always really emphasized with my parents, too. Especially my dad, was that your grades are really important, and in fact my dad used to tell me, "Nothing else is important. I don't care if you socialize." You know, I'd say, "Oh, well, you know, I'd like to go out more or something," and he would say, "That's not important. Your grades are important, that's not important, you know. And down the road that's not going to get you anything. You have to concentrate on your grades." So, you know, that was always really, really emphasized.

KD: Mm hm.

LI: And I guess if you're gonna go to medical school, that's probably, that's probably a good thing, you know. But, um, I, I remember having a very tough time the first year. I was very, I was very worried about, you know, making it through. Um, remember, I lost all that weight?

EF: Yeah.

LI: I was like down to.

EF: Every time she gets upset she gets skinny.

LI: {LG} And I remember going to the, um, going to the student health thing and I saying, "Well" he says "You're just -- here" and gave me some Miltown, or whatever they were using in those days {LG}, which didn't work, you know. But, um yeah, I was dropping weight, and not sleeping, and, um, you know, stomach tied in knots, and everything like that. So it was pretty nerve-racking. And I don't think I was the only one. I think there were other people that were.

KD: Yeah.

EF: And I like I said, they -- especially that first semester, they really played with us.

KD: Mm hm.

EF: To make us, to see how much stress we could take.

KD: Yeah.

EF: And it was like I said, it wasn't just us, it was everybody, but then we already, we already had the additional stress of knowing we're someplace that doesn't really want us.

KD: Yeah.

EF: 'Cause that, that feeling was definitely there.

KD: Did that feeling get better at all for you in your time in medical school and beyond?

LI: I think it's better because you get used to it.

EF: Mm hm.

KD: Just because you get used to it?

LI: Yeah, you get used to the stress.

EF: Yeah, and then like, then like I had a real chip on my shoulder for a long time, and you know, eventually you know, like I said, once you've been there long enough, you start to prove yourself, people accept you, the chip finally went away, because I expected people to be conf-, not believe I'm a doctor, not believe I'm competent because so many times that was the initial response.

LI: Hm, yeah, I was, uh, like I said, I think since I'm even less of a natural than, than Ellen is at {LG}

EF: That's, that's not true, that's not true.

LI: Definitely it's true!

EF: She had much, much better common sense than I did.

LI: Yeah, well, I, I mean I think common sense is important, but, you know, it helps to feel, you know, you know more comfortable with what you're doing. Um, and, and, I mean, eventually I got to where it was more comfortable, what I was doing, but I mean I think probably less so than Ellen, if somebody looked at me and said, "You're a doctor" I would go, "Yeah, you're right. I'm a doctor."

All: {LG}

LI: "Yeah, that's right. What am I doing here?"

LI and EF: {LG}

LI: So, but, I don't know eventually they seemed to accept us, right?

EF: Mm hm.

KD: So you got married in medical school, right?

EF: Yes.

KD: And shortly after? During medical school?

LI: I got married during my internship, so it was the next year.

KD: During your internship.

LI: Yeah.

KD: How did your husbands, kind of react to your profession and, kind of, your, your career choices?

EF: You mean my male chauvinist pig?

All : {LG}

EF: Who's managed, you know -- because he grew up in a very traditional household. His father worked, his mother stayed home, took care of the kids and took care of the house. And, you know, his mother always took care of everything, so it never occurred to him that I was not going to do that for him. And I did, grant you, I did try. But there's only so much energy.

LI: Mm hm.

EF: And uh, you know, of course our apartment looked infinitely worse than it did when Linda and I worked -- lived together.

All: {LG}

LI: Oh really? I didn't know that.

EF: And, you know, he never seemed to understand, "I have to study, I have to study. It's very important that I stu-." He says, "Oh, you're going to make good grades." I says "No, I have to study!" And uh, you know, it's, and you know over the years he's finally learned, you know, I do have to study. And of course the, the big eye opener for him was, when I broke my ankle, and he had to do everything.

LI: Ah!

EF: And all of a sudden he discovered what it's like trying to work and do everything else.

KD: Yeah.

LI: And my hus- ex-husband was, is, um, a doctor too, but he's from Peru, so, um. He was always very supportive of everything that I did as a doctor. There was some cultural friction about other things, about roles, you know, so that was, I think, what ultimately led to our splitting up after many years, but, um, but very, you know, supportive of me as a physician. And um, I always looked up to him because I felt like, um, uh, their knowledge of, um, physical diagnosis, things that don't depend on lab tests is much better than in America because they didn't have them.

KD: OK.

LI: So his command of physical diagnosis I thought was a lot, you know, I really admired that in, in him, that you know, he was able to look at a patient, or listen to -- auscultate a heart or something like that and make decisions whereas we'd be, "Oh, I need a lab test" you know, "I need a lab test before I can make a decision." So, um, but you know, like I said he was very supportive of um, me being a physician and admired me for, for doing it, so it was nothing -- that, that part of the male chauvinism, uh, Latino culture didn't, didn't come out, it came out in, in

other ways. But um, now I'm trying to think, let's see. And he did always tell me, he said, "If you don't want to work, that's, that's fine, you know, if you have the kids and decide you don't want to work, that's, that's fine. But, you know, I think he probably realized eventually I'd want to use, you know, utilize my education.

KD: Mm hm.

LI: So, um, I, you know I don't think medicine, medicine was usually not a, that wasn't a, a, a cause of friction. In terms of my doing things in the house, yes. Like Ellen, I, I did run into that, where the expectation is that you'll do the cooking and.

EF: Mm hm.

KD: So you had your whole career on top of taking care of the children and cooking and cleaning?

LI: Yeah, yeah. My part-time career at that point, when the kids were young.

KD: But still.

LI: But um, yeah, there kind of was that expectation that, you know, dinner would be on the table.

KD: OK.

LI: Yeah. Um, so that part of it I don't know if he was more demanding than Mike, probably less, probably less so I think.

EF: Who knows, you can't compare because you had kids and I didn't.

LI: Yeah. But um.

EF: But, you know, the man was totally helpless. He didn't know how to boil water when we got married.

KD: {LG} Are you two still together?

EF: Yeah.

KD: OK.

EF: But he's learned a lot in those years.

KD: Oh yeah, I'm sure!

EF: He can now wash the clothes, he can sweep if he has to, he can cook if he has to.

KD: Mm hm.

EF: He can go shopping, and does it, now that he's retired he does most of the shopping, which is good.

LI: Mm hm.

EF: You know, but you know he's, he's a minister, so, you know, it's not like he has a nine-to-five job. So we, we both, you know, especially at night, we don't know who the phone is ring-, ringing for, him or me.

KD: Yeah.

LI: Mm.

EF: And he did try to, he, when I was working with residents, he did try to protect me from the nighttime calls. And I, you know, I was t-, I was more uneasy, easy going about that because, you know, when they're, when people are new they need help, they need reassurance that what they're doing is correct, and he's like "Don't bother me at night."

All: {LG}

EF: "Don't bother her at night! Don't call!" {LG}

LI: Yeah, I mean I think Paco and I helped each other out with, you know, we would discuss cases and, and, and things like that. And it, it was helpful to have, um, uh -- there were times when I, I really appreciated having somebody that was from the medical field as a partner.

KD: Mm hm.

LI: You know, as long as it lasted.

EF: Yeah, 'cause I, I.

LI: Because you are able to discuss things, you know. And it, like if I had felt like I had done something, you know, "Gee, I don't know if I made a mistake in this patient," you know, and then he would say "Well, you know, go over what happened." And having, you know, a medical background, he was able to look at that aspect of it. So, and then, you know, maybe if he had a case that dealt with imaging, you know, we would discuss that. So I, I thought that was helpful having somebody that, that was, you know, a fellow physician to dis- discuss things with.

EF: Mm. Yeah, I had, I had one friend at work that I could talk to.

LI: Yeah.

KD: Mm hm.

EF: That was very handy.

LI: Yeah, and we always {LG} me and my fellow radiologists now that I work with, a group that's, um. Let's see, how many men do we have now? Uh, it's mostly men. Um, we did have four

women at one point. And we have a breast imaging center now so the breast imaging center is basically run by the women.

KD: Mm hm.

LI: Um, and um, so w- we, uh, except for one of them who is now gone, we all get along pretty well, we're able to, you know -- and there's a certain, even though the women that I'm working with are, (or came), like the one that's closest in age to me is fifteen years younger.

KD: OK.

EF: {CG}

LI: So she's still quite a bit difference in her experience, but there's a certain, still a certain understanding among woman physicians from her age, maybe less so now the really young ones, 'cause they're coming from the classes that are like fifty percent, I think, but like with Andrea who's fifteen years younger, I feel kind of like a, we have this common experience of she still went at a time when, when things were still a little tougher for women. Um, yeah, I think the women, they, they tend to, um, yeah, support one another, still, even though it's, you know, even though now it's a much more even, uh, playing field. Women still have common issues, like having children.

KD: Sure.

LI: And having to take -- you know, you're, like I said you're basically the one that's responsible for the kids. If, if you're in an unusual relationship you might have a husband who's gonna says, OK, I'll take fifty percent. Or he has some sort of profession that gives him a lot of flexibility. But in most cases it's gonna be down to the woman to take, you know, make the decisions and, and find time to do this and that. Like, you know, in her case.

EF: {CG}

LI: She's going back to look at colleges with all of her kids, and stuff like that. So that -- so when we talk about it, "Oh, yeah, I remember when my kids were." So you have that, you know, you have that kind of basis, in, in common still with women. But the men in my group are, um -- I feel quite comfortable with, I mean they're, I think they're pretty much totally accepting of.

KD: Are they about your age? Older? Younger?

LI: Well it varies. They're mostly younger.

KD: OK.

LI: There was a gentle-, there is, there are two gentlemen, one of them is retired now, they were older than me, um, but most of the-, most of them are younger, um. I actually have only had one circumstance where I had to go to my boss and I had to say, "I'm upset about this and if it doesn't stop I'm going to go talk to someone."

KD: OK.

LI: And it had to do with religion {LG}.

KD: Oh.

LI: {LG} It had to do being -- with them giving me a hard time about my religion, and I went to my boss and I said "This is inappropriate. It shouldn't be happening." This had nothing to do with being a female.

KD: Yeah.

LI: As far as I can tell. And, and it stopped. But uh no, in terms of sexual harassment, I think people are very careful about, I think people are very careful about that.

EF: Well now it's just, especially in Kaiser, eesh.

LI: Well, because it's very easy to get, you know. I'm trying to think though. There was a time when I felt like I was kind of being pushed around. {LG} There have been times, and I, I kind of will say, "OK I'm just not, I'll put my foot down." Now I have the courage to say, you know, "This is inappropriate, you know, you shouldn't be." I mean, because there are times when I feel that they push a little bit because, still, because I'm a female, or because they feel like, I don't know, you know, your kids are grown up so you don't have to be concerned about them anymore, or what you're doing is not as important as what I'm doing.

EF: Yeah, yeah.

LI: So there are still points where I have to put my foot down, but.

KD: Is that from peers, would you say?

LI: Yeah, but it's more, it's more acceptable now. Like I was gonna watch my granddaughter, um, and Ken was giving me, the guy that does the schedule, was giving me a hard time, and I, I said to him "No. I had made an agreement with my daughter that I was going to be there to watch my granddaughter these days," and he said, "Well, I never get to see, you know, I don't get to see my family." And I was like, "No, this is not the same thing. You have a wife who is at home watching your kids. This is me being responsible for watching my granddaughter, not that I don't have a chance to see her, this is my responsibility that I'm taking." So I had to kind of put my foot down about that because he was kind of like saying well, you know.

KD: That's not as important?

LI: That's not as important. Your watching your grandchild is not as important as you working this day for me. And I had to put my foot down about that because I said no, that's a responsibility that I've taken on, that's every bit as important as, you know, what you think I should be doing. So, but for the most part, I would say that, you know, they're really, you know, there's collegiality, and you know, certainly acceptance of, of us women as, as equals at, at this point.

KD: Yeah. Have you had a similar experience with the change in your work environment? You said you worked with all men, so.

EF: Yeah, I work with all men, now that they're, they're all younger. And it, you know, part of it is that I'm part-time, so I don't, I don't take call, I don't operate. So I'm only working in the office, so I don't do the same things that they do. But on the other hand, I could do more than I do if they let me do more.

KD: Would you like to do more?

EF: Sure.

KD: OK.

EF: I could, I can do post-ops, you know, I can, I can handle more new patients, you know. They, they think that I, now grant you, when I first started, well I had, well you start with a new computer system and you're slow.

KD: Yeah.

EF: And of course it didn't help that they started with one computer system, which I wasn't familiar with, and I learned that, and then they stopped using that and we went back to paper and now we're on our second computer system. You know I think for my age, I've managed to adapt darn well. And I can see, and I can, I'll grant you I still cannot see as many patients per day as they can, and but, I can see a lot.

KD: Yeah.

EF: And I spend a little more time with patients. And I, and I think patients appreciate that, but I don't know, I haven't, I haven't, we don't do polls.

LI: {LG}

KD: Yeah, user satisfaction.

LI: Hm.

KD: Any other final thoughts, stories? Anything you'd like to talk about that we haven't?

LI: I can't think of anything. I'm sure there are a lot of stories hidden way back in the recesses of my brain somewhere {LG}.

KD: Yeah.

EF: Yeah, just.

LI: That I'll probably think of tonight, and I'll go "Oh, I should have told her that story! That was a great story!"

KD: Well the great thing is you can always email me! {LG}

LI: That's right, we'll email you if we think of something.

KD: Yeah.

LI: But, anyway.

EF: But you know, you just, we just worked and worked and worked and worked.

KD: Mm hm.

EF: And, you know, and and you know we always worried with night call, a little more than the guys that, about somebody mugging you or something like that.

KD: Sure.

EF: So, that's why we did a lot of our rotations together.

KD: OK.

EF: So we would go -- we'd, we did do some rotations, you know, we didn't do all of our rotations together, we did some rotations together. So we could go there and come back and not have to worry about that issue.

KD: Mm hm.

LI: I think Temple was the place I worried the most. That was after, that was when I was in residency.

EF: Mm hm.

LI: And I had to -- because that was a pretty bad neighborhood.

KD: Were they still on Broad?

LI: Mm hm.

KD: Yeah, it hasn't changed much.

LI: Yeah.

KD: The medical school is there.

LI: So I remember having to drive back from there and thinking "Uh", and some guy coming up trying to open my door one time, which was locked fortunately.

EF: Yeah.

LI: But, yeah, it was a little, yeah. But around here, I don't know. I guess I feel comfortable around Walnut 'cause we spent so much time.

EF: Well, going back and forth on Walnut, no big deal.

LI: Yeah.

EF: But when you had to go to PGH or someplace like that.

LI: Oh, that's my hospital.

EF: I'm sorry.

LI and KD: {LG}

LI: I interned at PGH.

KD: OK.

LI: Um, I always felt pretty comfortable there. I mean, there was some weird stuff that happened there with patients that I don't even want to talk about that.

KD: {LG}

EF: Mm hm.

LI: I don't even want to go there. Which I again, I said, I re-, I realized in retrospect that it was weird. But, you know, it is what it is.

EF: Mm hm.

LI: Uh, I always felt pretty comfortable at PGH because it's kind of like an Army hospital, so it kind of felt like home.

KD: Mm hm.

LI: The way it's set up, you know.

EF: Mm hm. Well, like, you know, and during residency. Sometimes, you know -- initially my husband didn't worry about it, you know, that anything could happen to me.

KD: Yeah.

EF: And somewhere along the line he woke up, that if he, if he, if something happened to me he'd have to get another wife.

All: {LG}

LI: You're not supposed to reveal that information!

All: {LG}

EF: And that thought scared him so much.

All: {LG}

LI: He decided he was going to be more careful with her.

EF: That, that, you know, he would actually, and and especially, you know, when I started my senior, my senior part of a residency, if I had to go in at night, he would go in with me and then stay there until I had to go home.

KD: Oh wow.

EF: And you know, even after I was in practice he did that.

LI: Was this at, at Case?

EF: Yeah, at Case. You know, and I didn't have to do it that often so it was not a big deal. Except one time he was in there and he had gone into the men's room and, and laid down to sleep and this neurosurgeon came in and reamed him up one side and the other because he wasn't a doctor. And my husband, you know, went into the nurse's lounge and told them about it and he called into me. And I said, well, you know, when I get done with this. But you know, so, and that's one of the few times I've used bad language to describe another physician.

All: {LG}

EF: So, and I, I was really, really, really hot under the collar. And the nurses knew he had done something really wrong because this was a politically correct time, you know, with the, the physicians, if they don't, they, the, the dressing room for the women was not secure. You know.

KD: OK.

EF: You, it was not such that somebody couldn't come in a back door.

KD: Yeah.

EF: And get themselves in there so I was grateful that he went in with me and came back out.

KD: Mm hm.

EF: And he wasn't in the women's dressing room, but you know he'd come into the building with me. And so, you know, I stewed about that all night. And the next morning I was going to write a letter to the president of the University.

KD: Mm hm.

EF: Saying, you know, this is not appropriate, and so and so on and so forth. And the guy must've, somebody must have really gotten to him, because he called me up and apologized.

LI: Hm.

KD: That's good.

LI: Yeah, and I remember now that when we were at Ben Taub in Houston that Paco actually got in trouble, in fact he probably didn't get accepted for the next year residency because he

protested because they were going to have me, they were going to have me rotate through. Well, I, I actually stopped my residency because of that. They were going to have me rotating through the ER at Ben Taub, and I would have been like seven months pregnant, and the ER at Ben Taub is awful. You're up twenty-four hours straight.

EF: Mm.

LI: And they get a lot of trauma and all kinds of stuff. So he was doing twenty-four rotations in the ER there and, and my husband protested, he said "This is wrong." He said, "You cannot function being on call twenty-four hours. You can't think!"

KD: Mm hm.

EF: Yeah, absolutely.

LI: And that's what they were doing. And that was my next rotation, was going to be ER.

KD: OK.

LI: And I, and I would have been far along in my pregnancy.

KD: Yeah.

LI: So he protested and he got into trouble because of that.

EF: Mm hm.

LI: And because he said these, these rotations are too long.

KD: Mm hm.

EF: Well they, they still have that problem.

LI: And I just said, "I'm stopping my residency! {LG} You know what." it's just, yeah.

EF: Well I know when I was an intern, that's when they did the twenty-four hour on-call. You know, and you literally worked all night, all the next day, and then you went home. And I thought about that and I says, you know, "This is the stupidest thing I've ever heard."

LI: You know.

KD: Yeah.

LI: Well that used to be the norm.

EF: I know!

LI: Yeah.

EF: And it's still the norm. But it, it's, you know, it's certainly in the medical field, which knows about sleep deprivation.

KD: Yeah.

EF: And fatigue, how it affects your performance, why are they doing this? I did it, but I thought it was the stup-, dumbest thing I'd ever heard of. And they're only a little bit better now.

KD: Mm hm.

LI: Well, I don't think Ben Taub does that anymore. Because to be twenty-four hours on in an ER.

EF: Mm hm.

KD: Yeah.

LI: Is a little different from being twenty-four hours on-call for a specialty, and then maybe.

EF: Depends on whether they keep you up all night.

LI: Yeah. Well.

EF: Because when I was an intern you would, you, you were admitting patients all night.

LI: Yeah, well that would be almost like being on ER, then.

EF: Yeah.

LI: Twenty-four hours. I guess we did that at PGH too, but I don't remember anymore.

EF: Mm.

LI: It's been too long {LG}.

EF: But you know, that, that was one thing that never made any -- and it's not, that's, that's gender independent.

KD: Oh, of course.

EF: You know, they're, and they're starting to give the, the thing, you know, the airline industry finally realized that you -- people are not immortal.

KD: Mm hm.

LI: That maybe they, eh, that maybe if you made sure they got reg- regular sleep that they might perform better.

KD: Yeah.

EF: And the medical profession still has a way to go.

KD: Mm hm.

EF: Because that's still gloried as th-, th- the golden age of medicine.

KD: As the ideal, yeah.

EF: When you could stay up all night and operate all day, and so.

KD: Mm hm.

[End of recording]